



Specializing in Commercial – Industrial – and Medical Systems

PROPOSAL

Air Technical Services, Inc.

2856 Cela Rd.
Memphis, TN 38128

Phone: (901) 388-1272

Fax: (901) 387-1346

To: S.C. Government

4/30/2008

Attn: Debra D. Louis, Buyer

Project: Boiler Replacement S.C. Health RFP-#08-004-69

We propose to furnish and install materials and labor for the work below:

For a Sum of: (1) Boiler- \$120,125.00 (2) Boilers- \$130,000.00

Proposal is good for 30 days

Air Technical Services, Inc. will provide the following:

- 1) Furnish and install (1) Lochinvar Intelli-Fin Model IBN2000 condensing boiler with 97% efficiency, 2,000,000 input. Features are command display-21 point diagnostic control, Lonworks compatible, ASME copper tube heat exchanger, bronze fitted boiler loop circulating pump mounted and wired, alarm contacts on any failure, temperature and pressure gauges, ASME relief valve, down stream test cock, adjustable high limit with manual reset, flow switch, construction air filter, manual operation override, pump delay, outdoor reset, low water cutoff and alarm bell. Option (2) Install (2) Model IBN-1500 in lieu of (1) Boiler IBN-2000, this would have a total of 3,000,000 BTU input.
- 2) Includes demolition of existing boiler, abatement of asbestos from boiler and all related piping. Removal of existing pump and piping around pump, removal of existing boiler vent flu box and stack to brick chimney, tie existing Hot Water heater back into brick chimney. Removal of all old debris, pipe, boiler, pump, etc. that is to be changed out.
- 3) Includes setting of new boiler or boilers on existing boiler pad, piping to new boiler or boilers, piping to new pump, electrical to new boiler or boilers, pumps, controls. Provide Gateway box that will be required to tie into existing building

control system, installing stainless steel intake air and exhaust vent pipe, concrete cutting to allow for vents.

- 4) New pump will be Armstrong end suction pump-3x2x8 w/3 h.p. 208/3/60 ODP 1750 rpm motor.
- 5) Includes permits, start up, training, operational tests and logging of all start up information.

Warranty: 1 year parts and labor

Hope to be of service to you,

Dean Corzine
Air Technical Services, Inc.

Accepted By: _____
Title: _____
Date Accepted: _____
Purchase Order No. _____

Terms of Payment – Net 30 Days

Shelby County
LOSB Program

LOSB FORM A

CERTIFICATION OF EFFORTS TO ACHIEVE LOSB PARTICIPATION

(To Be Submitted with the Bid/Proposal)

Company Name: Air Technical Services, Inc.
Bid No.: RFP #08-004-69

I certify that the following efforts were made to achieve LOSB participation:

		YES	NO
A	Provided written notices to LOSB's who have the capability to perform the work of the contract or provide the service	X	
B	Direct mailing, electronic mailing, facsimile or telephone requests	X	
C	Provided interested LOSB's with adequate information about plans, requirements and specifications of the contract in a timely manner to assist them in responding to a solicitation	X	
D	Allowed LOSB's the opportunity to review bid specifications, blue prints and all other bid/RFP related items at no charge, and allowed sufficient time for review prior to the bid deadline	X	
E	Acted in good faith with interested LOSB's, and did not reject LOSB's as unqualified or unacceptable without sound reasons based on a thorough investigation of their capabilities	X	
F	Did not impose unrealistic conditions of performance on LOSB's seeking subcontracting opportunities	X	

Additionally, I contacted the referenced LOSB's and requested a bid/proposal. The responses I received were as follows:

Name and Address of LOSB	Type of Work And Contract Items, Supplies or Services to be Performed	Response	Reason for Not Accepting Bid/Proposal
EME-Engineered Mechanical Equipment	Supplier-Boiler	Bid the job. Boiler/Pump	

(If additional space is required this form may be duplicated)

If applicable, please complete the following:

I hereby certify that LOSB's were "Unavailable" as defined in the LOSB Program to submit bids to provide goods and services for this RFP/Bid's purpose.

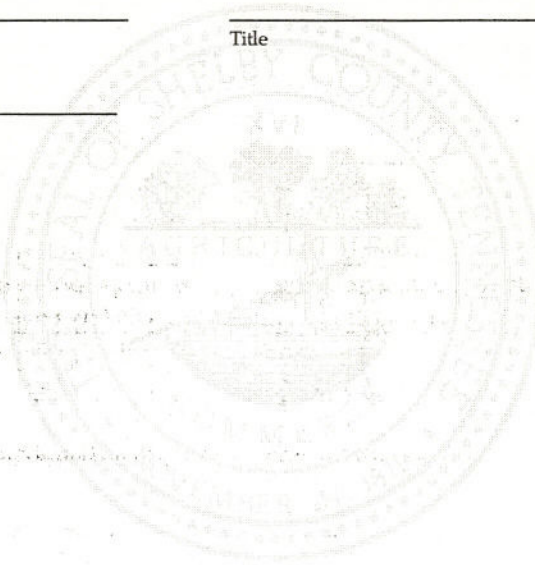
Reasons for the "Unavailability":

Submitted by:

Authorized Representative Signature

Title

Date



Shelby County
LOSB Program

LOSB FORM B

LOSB UTILIZATION PLAN
(To Be Submitted with the Bid/Proposal)

Company: Air Technical Services, Inc
Bid No.: RFP #08-004-69

I, William Dean Cozine, AirTech, do certify that on the following procurement opportunity,
(Contractor)
RFP #08-004-69, the following LOSB's will be utilized as sub-contractors, suppliers,
(Opportunity)
or to provide professional services:

Name	Description of Work	Contract Value	LOSB Number
EME-Engineered Mechanical E&C	Supplier- Boilers/Pumps/Controls		

EOC
898-2471

(If additional space is needed this form may be duplicated)

TOTAL CONTRACT VALUE: _____

TOTAL % OF LOSB PARTICIPATION: _____

The successful bidder/proposer is required to finalize and submit this form prior to award of a contract. Joint Venture Agreements, partnering agreements and all pertinent information must be presented prior to contract award. This information will be incorporated into the contract and will become a contractual obligation of the successful bidder/proposer. The finalized LOSB Form B shall not be changed or altered after award of a contract without approval from Shelby County. The successful bidder/proposer is required to provide written notice describing the reasons for the change to Shelby County to obtain approval of any changes to LOSB Form B.

Submitted by:

W.D. Cozine
Authorized Representative Signature
Vice President
Title
4-30-08
Date

ACORD		CERTIFICATE OF LIABILITY INSURANCE		OP ID AE AIRTE-2	DATE (MM/DD/YYYY) 04/30/08
PRODUCER McDonnell Insurance Inc. 7200 Goodlett Farms Parkway P O Box 1420 Cordova TN 38088-1420 Phone: 901-278-5375 Fax: 901-278-2635			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
INSURED Air Technical Services, Inc. 2856 Cela Road Memphis TN 38128			INSURERS AFFORDING COVERAGE		NAIC #
			INSURER A: Acadia Insurance		
			INSURER B: Continental Western Insurance		
			INSURER C: Union Insurance Company		
			INSURER D:		
			INSURER E:		


COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	CPA415989013	08/01/07	08/01/08	EACH OCCURRENCE	\$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5000
	<input checked="" type="checkbox"/> Blanket Addl Ins				PERSONAL & ADV INJURY	\$ 1000000
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 2000000
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG	\$ 2000000
					Emp Ben.	1000000
A	AUTOMOBILE LIABILITY	CPA415989013	08/01/07	08/01/08	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS					
<input checked="" type="checkbox"/> NON-OWNED AUTOS						
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
B	EXCESS/UMBRELLA LIABILITY	CUA415988913	08/01/07	08/01/08	EACH OCCURRENCE	\$ 3000000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 3000000
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input checked="" type="checkbox"/> RETENTION \$ 0					\$
						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WCA415988713	08/01/07	08/01/08	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 500000
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 500000
					E.L. DISEASE - POLICY LIMIT	\$ 500000
A	Inland Marine	CPA415989013	08/01/07	08/01/08	Leased	\$15,000
					Ded \$250	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

JOB: Memphis & Shelby County Health Departmen, Boiler Replacement

REF# RFP08-004-69

CERTIFICATE HOLDER	CANCELLATION
SHECOH1 Shelby County Health Services 814 Jefferson Avenue Memphis TN 38105	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL *30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 

NOTEPAD:

INSURED'S NAME Air Technical Services, Inc.

AIRTE-2

PAGE 2

OPID AE

DATE 04/30/08

*Except in the case of nonpayment of premium when 10 days will apply.

EXHIBIT "A"

DRUG-FREE WORKPLACE AFFIDAVIT

STATE OF Tennessee
COUNTY OF Shelby

The undersigned, principal officer of AIR Technical SERVICES, INC., an employer of five (5) or more employees contracting with Shelby County government to provide construction services, hereby states under oath as follows:

1. The undersigned is a principal officer of AIR Technical SERVICES, INC. (hereinafter referred to as the "Company"), and is duly authorized to execute this Affidavit on behalf of the Company.
2. The Company submits this Affidavit pursuant to T.C.A. § 50-9-113, which requires each employer with no less than five (5) employees receiving pay who contracts with the state or any local government to provide construction services to submit an affidavit stating that such employer has a drug-free workplace program that complies with Title 50, Chapter 9, of the *Tennessee Code Annotated*.
3. The Company is in compliance with T.C.A. § 50-9-113. Further affiant saith not.

W. D. Corzine
Principal Officer

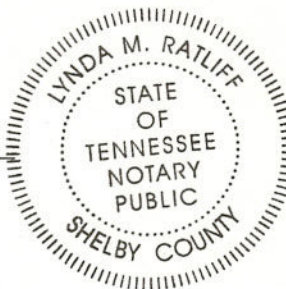
STATE OF Tennessee
COUNTY OF Shelby

Before me personally appeared W. D. Corzine with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that such person executed the foregoing affidavit for the purposes therein contained.

Witness my hand and seal at office this 30th day of April, 2008

Lynda M. Ratliff
Notary Public

My Commission Expires: June 16, 2010





BANK OF BARTLETT

P.O. Box 341187
Bartlett, Tennessee 38184-1187
(901) 382-6600

191258

REMITTER Air Technical Services

5-709
110

Apr 30, 2008

PAY TO THE ORDER OF Shelby County Government

\$ \$6,500.00

*Pay Exactly Six Thousand Five Hundred and 00/100*****

DOLLARS

OFFICIAL CHECK

ISSUED BY: TRAVELERS EXPRESS COMPANY, INC.
P.O. BOX 9476, MINNEAPOLIS, MN 55480
DRAWEE: BOSTON SAFE DEPOSIT & TRUST CO.
BOSTON, MASSACHUSETTS

[Signature]
DRAWER: BANK OF BARTLETT
Authorized Signature MP

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